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FEC MAIL CENTER

FEC FORM

STATEMENT OF ORGANIZATION

FORM 1	İ	ONGANIZATION			1	
					<u> </u>	Office Use Only
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		ample:If typing, type er the lines.	12FE4M	5
ABEL MA	LDON	ADO FOR	CON	GRESS	<u> </u>	
ADDRESS (number a	nd street)	40 Box	5325			
(Check if ac					<u> </u>	
أَمَّةُ is changed)		BANTA M	ARIA		CA	93456
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS	(Please provide only	one e-mail a	ddress)		
(Check if	address	Abel GEL	ECTA	BEL.COM	1 1 1 1 1	
is change					<u> </u>	
COMMITTEE'S WEB	PAGE ADDF	RESS (URL)				
inhadili.		WWW. ABEL	MALD	ONADOCCOP	7	
(Check if is change	address		1 1	1 1 1 1 1 1 1		
2. DATE 6	<u>å</u> (1.6	2011				
3. FEC IDENTIFIC	CATION NUM	/BER	TEPSONA (* 1 1 1 TOURS TE TE TOURS (* 1 TOURS (* 1 T	ออกเลย เกมาะเกมาะ อาการ สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถส		
4. IS THIS STATE	MENT X	NEW (N) (OR .	AMENDED (A)		
I certify that I have e	examined this	Statement and to th	e best of my	knowledge and belief it	is true, corre	ct and complete.
Type or Print Name	of Treasurer	BRAN	00N	GESICK	<u> </u>	
Signature of Treasure	er P	v Iz	<u>g</u>	Ŀ	Date Ö	2 16 2011
NOTE: Submission of		•	•	ubject the person signing to OULD BE REPORTED W		to the penalties of 2 U.S.C. §437g. S.
Office Use				For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

LEC L	Offil 1 (Nevised 02/2009)						
TYPE OF	COMMITTEE						
Cendidate Committee:							
(a) <u>X</u>	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Candidate Party Affilia	ation REP Office Sought: A House Senate President District 33						
(c) ¥	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate	ABEL MALDIONADO						
Party Co	mmittee:						
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.						
Political	Action Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
	Corporation Corporation w/o Capital Stock Labor Organization						
	Membership Organization Trade Association Cooperative						
	In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fur	draising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Co	mmittees Participating in Joint Fundraiser						
1.	FEC ID number						
2.	FEC ID number						
3.	FEC ID number						
4.	FEC ID number						

FEC Form	1 (Revised 02/2009)	Page 3
Write or Type Com	imittee Name	
6. Name of Any C	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
Mailing Address		
		!-!
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
7. Custodian of Rebooks and record	ecords: Identify by name, address (phone number optional) and position of the person in rds.	possession of committee
Full Name		
Mailing Address		<u> </u>
Title or Position	CITY STATE	ZIP CODE
	Telephone number	LL
	he name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	name and address of
Full Name of Treasurer	BRANDON MICHAEL GESTEN	
Mailing Address	PO BOX 22347	<u> </u>
		<u> </u>
	CARMEL CITY STATE	722
Title or Position		12,061-18,46,0

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

105057493

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate hor					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark	•				
Overnight Delivery Service (Specify): fed 6	Shipping Date 2/18/11				
Next Business D	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	eipt or Postmarked				
h	2/22/11				
PREPARER (3/2005)	DATE PREPARED				